

PAFAM

Patients and Friends of Anthroposophic Medicine

Embracing Life



Issue 28 Summer 2018

NEWSLETTER

Welcome indeed to our Summer newsletter. Winter seemed to continue for a long time, or so it seemed to me this time. When the sun did shine, and the earth became warmer I realised just how much I had been missing the warmth and the light which brings me on to the theme of this issue "Challenge and Change".

Sometimes we may consciously accompany the process of challenge and most likely the inevitable changes that may come with it. Then there

are the times that we positively welcome the birth of change and the accompanying challenges that enable the change to breathe and to be.

There are other experiences, where change forces its way into our space and the challenge will be to face it, finding the courage for better or worse to the acceptance of it.

We have some interesting articles relating to challenge and change. We hear from Zoe Smith who worked for

Weleda U.K. for many years and has just retired. We wish Zoe well and I am sure she will not be idle in her retirement. Zoe shares the rules and regulatory process that affect the anthroposophic medicines as well as other complementary medicines in the UK.

We hear about the theme of challenge and change from the counselling perspective from Jane Chase and Louise Madson asks us to look more deeply into the transforming of the outer and our inner world.

Vaccination of itself is a challenging topic: we do not say to you do it, or do not do it. This decision needs to be a personal and most importantly *a well-informed decision*, there are always challenges and risks with whichever way one chooses to step.

Monika Horber shares the content of a deeply interesting workshop "Celebrating 100 years of Mistletoe Therapy" brought to us by Dr Michael Evans. Everyone in attendance benefitted from Michaels presentations throughout the day. We are hoping to hold another event with the same theme in Tenbury Wells this winter.

Finally, PAFAM has donated £500 to the legal expenses that will be incurred in relation to the Judicial Review asked for by *The British Homeopathic Association* in relation to the NHS England action to remove homeopathic medicines, some of which are anthroposophic (as well as many allopathic remedies) from NHS provision. This review will already have taken place by the time you receive your newsletter. We will keep you informed. Challenge and Change for all of us.

Cathie Green on behalf of PAFAM

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PAFAM

Patients & Friends of Anthroposophic Medicine

PAFAM is a Friends and Patient Group specifically orientated towards promoting the use of Anthroposophic Medicines and Therapies in the UK.

It aims to support and promote legislation at a national level to achieve this, at the same time as offering a member service that includes information about the availability of doctors, therapists and healthcare in general. PAFAM also provides workshops and retreats, a bi annual Newsletter as well as its distinctive 'Living Will' within the context of its belief in freedom of choice and access to medication, medical treatments and therapies.

For more comprehensive information or to become a member of PAFAM please visit: www.pafam.org.uk
Email: cathiegreen@outlook.com
Mobile: 07974 390197 Landline: 01584 881197

Boundaries

Negotiating Secure and Flexible Boundaries in Relationship to Others and to the Self

Have you ever felt that you are giving too much to others? Can you lose touch with how you feel and what you need? Do you hold back in your relationships? These questions relate to how we navigate and manage boundaries and are a fundamental aspect of understanding how we operate in a healthy way within our relationships.

There are two borders to cross when we come in to relationship – the boundary we cross towards another person, and the inner boundary we navigate within ourselves. The border to the other person might be to do with an interest, conflict or question, whilst the inner boundary crossing meets the experiences of unconscious drives, memories of the past and desires and hopes for the future. When we stay within agreed margins of familiarity, boundary navigation is clear and reliable and gives us a clear path about how to relate. But what happens when boundaries get confused and we lose our way in a relationship and within ourselves? Being clear about boundaries and limits is about defining what is acceptable and what isn't – but in order to do this, we have to have a clear sense of knowing ourselves. This means knowing what we want, knowing what we feel and knowing who we are. To answer the question 'How

do I protect myself/or make myself more available? 'I have to ask: 'Where do I begin?' and 'What do I need?' Being able to navigate boundaries is about the capacity to know and take care of ourselves, despite the fear of upsetting or alienating others, whilst also remaining open and available to something new emerging. Understanding our outer and inner boundaries is a vital part of self care and a responsibility we have to ourselves to conduct relationships in a healthy and conscious way.

The dynamic of relating is a continual exchange of getting close to someone, and getting back in touch with oneself. This movement means that inwardly we move in two directions: I take you in as I lose myself in your thoughts and feelings, (like listening to someone perform or give a lecture) and I come back to my own self, knowing what I think and feel in relation to what has just been said or expressed. In all encounters, for moments we relinquish a part of ourselves and become more awake and alert to the person we are with. This relinquishing of ourselves into another person is a momentary loss of connection to an inner awareness during which the necessary experience of merging happens. As we come back to ourselves, we naturally cut off from the other person and

‘Where do I begin?’ and ‘What do I need?’

return to experiencing our separateness, autonomy and individuality. This polarity can be explored by looking at the extremes:

Rigid Boundaries

If I am too awake in myself, and resist falling into the person I am with, then I remain protected, but can also make myself unavailable. The fear of getting hurt means I withdraw and my boundaries become rigid and impermeable. My defences protect me, and it is easy for others to feel hurt, but I remain disconnected and secure in my fixed position. I come across as distant, strong, arrogant, entitled and operating as if I’m above the difficulties of a situation. This antipathy keeps away anything that will come in and invade my world – this can be a great help in preserving focus and clarity about what I am doing and not getting distracted. Here I keep my world in order and I stay within the known and familiar. I keep people at arm’s length and avoid intimacy that pulls me into a real relationship. I am afraid of being hurt, and I keep any challenging or opposing feelings from entering my world. I maintain my position on many things and find it hard to move out of this place. In extreme situations, my level of control means I express a level of power over people or situations, and refuse to negotiate. I maintain high levels of privacy and find it hard to let people in. In this position I become trapped and cut off from being able to use relationships as a source of possibility, and I become lost to the world. The challenge of having boundaries that are too rigid means that I find it hard to let go of my fixed positions, beliefs and attitudes. I am afraid of losing control and find it hard to be open and say Yes.

Porous Boundaries

In this dynamic, the thoughts and feelings of the other become more important than my own, and I lose the ability to protect myself. If I live too strongly into the other person, I let them become the centre of my world and I consistently lose touch with my own needs. Deployed well in social situations, the person who over-dwells in the other, has a great capacity to make others feel valued and secure, and able to tend to their needs. However this arises from sympathy rather than empathy and is driven by a desire to fix another’s issues rather than purely witness them. In extreme cases this loss of a connection to myself can subject me to being a victim to someone else’s

manipulation and results in them having power over me. In this place, I am afraid of hurting the other, and would rather take on the pain of the situation myself. I become enmeshed in a relationship as my position is continually flexing, as it adapts around other people’s needs. There is an aversion to being fixed and taking up a position, as coming back to stating what I need leaves me feeling, afraid, guilty and selfish. This is a crossing over beyond an empathy boundary and it is easier to bear the pain of a situation as a way to protect others from feeling distress. Becoming resentful of others who get what they need is a clear indicator that I am not taking care of my own needs. When boundaries feel too porous, the challenge is to come back to myself and know my thoughts and feelings. The challenge is to notice what I need, cross the threshold to an inner position of self care, even though this stance could provoke a reaction from others. The challenge here is to be able to say No.

This dynamic between self and other can happen on a micro-level, and is visible in many of our exchanges. There are acceptable social boundary crossings like shaking hands or giving a friend a hug. And although not of immense risk, it can nevertheless be confusing – do I reach over to hug someone I feel warm towards but barely know? Social and cultural rules can help us to a certain extent, but ultimately we are alone in making these decisions about how we relate to those around us as each relationship pairing has its unique patterns and meaning. As a relationship develops and moves towards deeper levels of closeness and intimacy we cannot rely on the safe and known path. Here, unconscious and asleep parts of ourselves become activated and can wake us up to central human questions: ‘What do I have to do with this person?’ And ‘Who are they to me?’

When we notice that something is trying to emerge – whether that is in ourselves, our outer situation, or the relationship—we need to be open towards change. The change might be provoked outwardly or inwardly and we can find ourselves thrust into situations that cannot escape the very human experience of challenge. In this dynamic we might push at edges whilst also resisting them as a way to work out ‘Where am I?’ and ‘Can I get my needs met?’ If a relationship can consciously take on these explorations, then we can develop a sense of

ourselves in the resistances and negotiations. As the relationship coach Alexandra Solomon says: “Love thrives when boundaries are consciously renegotiated in the imperfect and dynamic flow of questions and curiosity and trying again”. This is acute in the teenage years as the young person seeks the limits and the edge of themselves in the pushing and pulling exchange of boundaries within themselves and with others, within the safety of knowing the parents’ love – or searching for the parents’ love.

In this sense, boundaries aren’t fixed and static, they need to change and adapt as we grow, requiring regular negotiation. This is the feeling that we cannot rely on what is familiar, and we have to engage creatively to find new ways of charting a relationship, especially when it feels it is about the future (a marriage, long term colleagues and friendships). We might experience irritation, annoyance and desire as we meet the parts of us that are looking to wake up and we know the inner threshold has been activated. In these exchanges, defences and longings both come alive and it becomes harder to assess if we have crossed the boundary of being too far out and are at risk of losing a part of ourselves in the other, or refusing to cross the boundary and stay too far in, remaining unavailable and protected. At these times, boundary navigation becomes something that is mobile and demands awareness as it flexes and changes between us. Where both parties can mutually open up to an enquiry in the exchange they have the potential for growth as described by psychologist Dan Siegel: ‘Both me and we shape our sense of self. ’This involves being open to the risks of something new emerging between us.

Biography

How we enter into relationships is informed by past patterns and dynamics of primary family and life experiences. In considering our relationship to boundaries and understanding how we manage them, it is important to think about how we experienced ourselves physically and emotionally in our early years. What was our sense of place within the family? Was it safe to express who we really were, or was it safer to hold back? Did boundaries feel imposing, safe and containing – or were they restrictive, punitive or non-existent? What are the memories and experiences of saying yes and no? Were physical, mental or emotional boundaries respected?

There are very clear boundary violations in sexual, physical and emotional abuse. This transgression of power over someone is an imposed crossing into someone’s physical,

emotional or mental space. In the face of power, we can all become vulnerable and it becomes harder or impossible to protect our boundaries. The transgressions can leave deep scars with the sense of ourselves being confused and damaged. Where boundary violations occurred growing up, we may go on to breach boundaries as an adult without even knowing this is happening. For example, if we overeat we are able to overlook the feeling that this is causing us hurt; if we get involved in risky behaviour we might have little sense that we are entitled to look after ourselves; if we enter an abusive or bullying relationship we have no notion that we have the right to protect ourselves. If we become a bully, or are overly independent and self sufficient, we have no notion that others can be there to support and love us.

Where might you struggle with boundaries the most? Do you get numbed out and desensitised as a way of not taking care of your needs? Do you understand what self-care means to you arising from the struggles of your life experiences? If we can learn to implement and negotiate our boundaries with insight and understanding rather than habit, we have a greater capacity for a sense of self care and our own agency. Feelings of fear, doubt and guilt can come to the surface when we start to take care of ourselves, but these inner threshold experiences indicate that growth, arising from taking a step, might be close. The invitation is to discern for ourselves if these threshold feelings are more relevant to past situations and experiences – or are current important guides. If we can notice the patterns and behaviours in relationship to these rigid and porous tendencies and recognise how they have arisen from our unique biographical experiences, then we can begin to cultivate the ability to meet old and new situations with a different heart and mind. What needs to be learnt from a relationship that feels out of balance? Can I bring it back into balance together with the other person or is there some work I need to do on myself? By balancing and navigating these polarities, and facing each relationship with an awareness of its uniqueness, we can become more available both to ourselves and to the world around us. The balance is both the willingness to feel I can grow and become different through a relationship, whilst becoming wiser to my patterns and inclinations, and attending to my needs and choices.

Jane Chase

Jane Chase is a Biographical and Family Counsellor working in Stroud.

Government Response

It is for local NHS organisations to decide on the commissioning and funding of these healthcare treatments. NHS England's consultation on low value prescription items includes homeopathic treatments.

Information from NHS England (NHSE) shows that in 2015, the cost for all prescriptions dispensed in primary care, not including any dispensing costs or fees, was £9.27 billion, a 4.7% increase on the previous year. Due to the increasing cost, NHSE is leading a review of medicines which can be considered as being of low clinical value and develop new guidance for Clinical Commissioning Groups (CCGs).

On 21 July, NHSE launched a three month consultation on the draft guidance on low value prescription items which is based on the latest clinical evidence, including that from the National Institute of Health and Care Excellence (NICE). Careful consideration has been given to ensure that particular groups of people are not disproportionately affected, and that principles of best practice on clinical prescribing are adhered to.

The commissioning guidance, upon which NHSE is consulting, will be addressed to CCGs to support them to fulfil their duties around the appropriate use of prescribing resources. This will need to be taken into account by CCGs in adopting or amending their own local guidance to their clinicians in primary care.

The aim of this consultation is to provide individuals with information about the proposed national guidance and to seek people's views about the proposals. NHSE welcomes the views of the public, patients, clinicians, commissioners and providers through this consultation process to help inform the final guidance.

It is the responsibility of local NHS organisations to

make decisions on the commissioning and funding of any healthcare treatments for NHS patients, such as homeopathy, taking account of issues to do with safety, clinical and cost-effectiveness and the availability of suitably qualified and regulated practitioners.

Complementary and alternative medicine (CAMs) treatments can, in principle, feature in a range of services offered by local NHS organisations. A treating clinician would take into account an individual's circumstances and medical history in deciding what would be the most appropriate treatment for their condition. CCGs will have specific policies on the commissioning and funding of CAMs and may have also developed local policies on priorities with regards to the funding of treatments. A GP would have to work within such policies in providing any treatments on the NHS.

The Department of Health supports an approach to evidence-based prescribing which does not support the commissioning of services which are not clinically and cost effective. We are not aware of any evidence that demonstrates the therapeutic effectiveness of homeopathic products. The National Institute for Health and Care Excellence (NICE) does not currently recommend that homeopathy should be used in the treatment of any health condition, whilst primary care prescribing data shows that there has been a significant decline in the prescribing of homeopathic products over the last 10 years. Furthermore, a good number of NHS organisations are reviewing their funding of homeopathic treatments and some have already stopped funding such treatment altogether.

Department of Health

Celebrating 100 years of Mistletoe Therapy

Review of the One Day Conference on 27th January 2018 at the Elysia Therapeutic Centre in Stourbridge

I guess we all have noticed this mysterious plant growing on trees. Sometimes there are several of them in the same tree, like perfectly rounded decorations. I have noticed them in apple orchards for instance and sometimes on very tall trees having a perfectly superb view point, existing between heaven and earth, out of reach and completely undisturbed. Quite a different existence to other plants!

Traditionally we usually associate mistletoe with the Christmas festival where it has had its place since a long time. If we look further back we would find that in ancient Druid times already mistletoe was honoured as a sacred, mystical plant with specific powers.

During this workshop we were able to explore this unusual plant and particularly learn about its healing properties. We were fortunate to have a few mistletoe plants in their full glory (just without the tree they grew upon) in the middle of the room.

Dr Michael Evans led us through the day, beginning with Goethean observation of the mistletoe plant. The task was to perceive the plant with our senses and to form a picture of characteristics beyond interpretation and intellectual knowledge. There is so much to be seen if one really looks!

Towards the end of the morning we had formed a fairly detailed picture of the Mistletoe plant. Particularly outstanding were the following aspects:

- Combination of round (whole plant and berries) and angular (structure of stems) shapes
- Well organised, geometrical
- Self-contained and reaching out (expansion, contraction)
- Undifferentiated (shape of leaves, angle of branches)

The leaves look like cotyledon leaves, but they aren't; no differentiation!

Also, the colour green can be found in all parts of the plant, even in the berries. In fact, the geometrical structure of the plant enabled us to imagine how the plant grows and develops over time – quite different to other plants!

Having gathered these and more characteristics, we came to the conclusion that the plant's "personality" was actually fundamentally human. Particularly in the foreground were the form-giving principles, the undifferentiation, the polarities and the holding back gesture.

After lunch Dr Michael Evans described to us some of the aspects of cancer care from a conventional as well as from an anthroposophic point of view.

The main aim in conventional medicine is to get rid of cancerous cells and tumours. Common procedures to do this are surgery, chemotherapy and radiotherapy. Some of these treatments can be very effective. However, they often also have severe side effects.

Anthroposophic medicine takes into consideration not only the physical body, but also the "life forces, the inner life (soul) and spirit (the "I" or individuality) of the human being. Equally important is that we are continuously evolving as human beings, always in the becoming.

In order to help us understand cancer, we need to understand the forces that control, maintain and differentiate cells and cell growth. Form-giving principles are active here; thus, the question arises:



- How can these controlling forces be strengthened?
- How can the soul forces be strengthened that inform and guide the form-giving (life) forces?
- How can the forces of the individuality (the “I”) be strengthened and better integrated into the soul and life forces of the human being?

The immune system is maintaining our identity based on its ability to recognise self and non-self. It is the bodily expression or the servant of the “I”. Fever is a powerful working tool of the immune system; a body temperature of 40 °C kills a majority of pathogens like viruses, bacteria etc. Fever is one of the side effects of mistletoe treatments among many others related to the immune system:

- Fever → warmth
- Stimulates lymphocytes, granulocytes, natural killer cells and T-cells
- Increases antibodies
- Reduces chromosome damage and increases DNA repair

Beyond the physical/functional aspects Mistletoe has also positive effects on the soul life and spiritual life of a person:

- It improves resilience, a sense of coherence and meaningfulness, being in charge rather than just being a victim
- It enhances creativity and orientation (it is important that the patient is active in the process)

Generally speaking; Mistletoe has got the potential to attack cancer cells, stimulate the immune system, increase life expectancy and quality of life.

Ways of administration:

- Subcutaneous injections
- IV (intravenous)
- Intro-lesional injections (directly into the tumour)

The GP decides which type of Mistletoe preparation and

which dose is most suitable. Small inflammation around the injection site and a rise of body temperature are indications for that.

We have seen so far that Mistletoe represents many aspects of what is essentially human and as a remedy has the potential to strengthen the human being on a body, soul and spiritual level. Or in other words:

It supports and enhances the humanisation of the human being.

Accompanying Mistletoe treatments there are a range of different therapies available like Rhythmical Massage, Art Therapy, Music Therapy and Therapeutic Speech. During this workshop we gained a little insight into what Eurythmy Therapy has to offer to patients with cancer. Ursula Werner introduced the cancer sequence to us, a sequence of specific vowels and consonants given by Rudolf Steiner and we had the opportunity to experience and explore the quality of these sounds, the corresponding movements and their therapeutic use.

What a rich and informative day; which in turn opened up so many different aspects of the mistletoe plant and its healing properties!

I would particularly like to thank Dr Michael Evans for his excellent presentation.

I am sure that we participants, when we now spot a mistletoe plant growing on a tree, “see” much more and “relate” to it in a renewed and deepened way!

Monika Horber (Pafam Committee)

Vaccinating - Is it necessary or not?

Childhood illnesses and vaccination

Anthroposophic healthcare aims to stimulate one's own health. It therefore has a strong preventative function and can improve the "quality of life". Ailments are not as such fought; Rather the self-healing capacity of the human being is addressed.

Being Dutch myself, I looked into the work of the National Patient Association of Anthroposophic Healthcare in the Netherlands, which is Antroposana. This is a broad reaching association for ill and healthy people who themselves want to take responsibility for a healthy way of living and applying anthroposophical insights as well. On these subjects one can work with others in self-help groups or fellowships.

Vaccinating?

In the Netherlands as in many countries, it is quite normal to have your child vaccinated against childhood diseases such as measles and rubella (German measles).

But why is that actually?

Why do children get childhood illnesses? This question is funnily enough hardly ever asked. Yet this question is fundamental in deciding whether you decide to have your child vaccinated. It is not a must. Vaccination is not compulsory yet although in some countries it is becoming an issue. For example: In Australia every parent who refuses vaccination for their child loses their entitlement to Child Benefit payments from the government.

Vaccination program

In the "National Vaccination Programme" the government in the Netherlands has stipulated when a child needs to be inoculated against what childhood diseases. The childhood diseases are: measles, rubella, scarlet fever, mumps and whooping cough. These illnesses are infectious illnesses that can infect others. Infectious diseases can lead to an epidemic that can be hard to control and its costs are expensive for society to bear. During an outbreak of measles in 1999/2000 in the Netherlands 94% of people



who were not vaccinated contracted measles. In certain cases, measles lead to serious complications such as pneumonia or in lesser cases meningitis.

The aim of the National Vaccination Program is to prevent epidemics and risks. In most cases one recovers as a matter of course. This raises the question why vaccination is necessary? Are there only disadvantages with childhood illnesses or are there also "advantages"? Why does a child contract measles?

Anthroposophic view of childhood illnesses

The anthroposophic view of illness and health is one that recognises childhood illnesses can help the child in his/her development. They assist the child in making the body that it inherited from its parents their own, making it their own "home".

In undergoing each childhood illness on a bodily level, the "I" of the child is addressed. After the illness one can observe that the child has become more able bodied and has become more of an "I". Some children can talk or walk better directly after the illness. Seen from this point of view, going through a childhood illness can in fact be a very healthy option. One can grow from it. However sometimes as in all illness complications can arise.

What happens during vaccination?

When a child is inoculated against measles for instance, it receives the measles virus. The virus is changed (deadened or weakened) whereby the child only gets a little infected and therefore gets measles to a small degree.

This light infection has nevertheless a consequence of the body responding. The immune system makes anti-bodies against measles. These stay in the body for the rest of the person's life. As a result, the child's immune system is more able to deal with a future infection straightaway. The child, however, has not been ill.

Risk of vaccinating

In the information about the National Vaccination Program several side-effects are mentioned that are minimal. Still there are questions. Is it really that healthy to have these vaccinations at such a young age? A very common side-effect is (serious) eczema. When the "healthy" childhood illnesses get repressed, it can show itself at a later stage in life elsewhere. Research has shown that vaccinating at a young age can lead to chronic illnesses like rheumatism in later life. The immune system has been manipulated at a young age whereby it then became undermined in later life. Going through a childhood illness stimulates the immune system in a natural and thorough way.

How to recognise childhood illnesses

Some children become very ill with a childhood disease whilst others have relatively few symptoms. During the normal course of the illness there are no complications and the risks are minimal. During the normal course, the illness only lasts a couple of weeks. Measles starts with a bad cold and white discharge on the inside of the mouth. Rubella starts with skin eruptions over the whole body, especially the trunk, and followed by fever and swollen lymph glands. Scarlet fever starts with high fever, vomiting and cold shivers. The tongue gets a thick white coating. The start of mumps can be quite different. Some get a high fever whilst others have mainly colicky cramps and others end up with 2 swollen cheeks. Whooping cough starts with an ordinary cough that after 2 weeks changes to the typically nightly bouts of hefty coughing.

Other illnesses

Other illnesses that are vaccinated against such as polio or tetanus are no childhood illnesses. From an anthroposophic healthcare point of view there is no indication whether it is "good" or "helpful" to go through these diseases.

Vaccinating or not?

When you contemplate to have your child vaccinated later or not at all, it is advisable to be well informed regarding the pro's and con's.

Vaccinating or not is not only about illness and health but also ethical questions play a part. The social pressure to vaccinate is great. One can be looked upon awkwardly when deciding not to vaccinate. At the consultation room, where inoculation takes place, one can be met with disbelief. One needs to be steadfast to stand by one's decision. The same steadfastness is needed when for instance your child has whooping cough. It means supporting the child through long nights and listening to heart wrenching coughing. One needs to be very determined not to have one's child vaccinated or not. It is always wise to talk to one's G.P and researching thoroughly the current information on the "for and against" before reaching one's own decision.

In Australia if you do not have your child vaccinated your child benefit (an allowance for all parents of children from birth to 16 years) IS STOPPED. This is just one example, in one country, of new legislation which affects every person.

The PAFAM Committee shares this information from The Netherlands.

Licensing, Legal Categories and Route of Sale for Anthroposophic Medicines in the UK

In 1972 Product Licences of Right (PLR) were granted to all medicinal products on the market prior to 1968. This included homeopathic, herbal and anthroposophic medicines. At Weleda we have all heard the tale of the 'man from the Ministry' (Ministry of Health) who had to hand-write lists of all the medicines on the dispensary shelves, thousands of them!

The granting of the PLR was a recognition of Quality, as they were made by a licensed medicines manufacturer who was inspected regularly by the medicines regulator (MHRA) for adherence to Good Manufacturing Practice (GMP). Safety was also a key cornerstone as records of adverse events were recorded, assessed and monitored - the science of Pharmacovigilance. The drug monitoring centre in Uppsala, Sweden was set up in the wake of the thalidomide tragedy in the late 1960s. It was felt strongly that if only there had been a way of examining these birth abnormalities in a wider global context, the link with the taking of thalidomide during pregnancy would have been identified much sooner. No evidence for Efficacy was required for a PLR. This is in contrast to today where a licensed medicine has to show Quality, Safety and Efficacy.

In the case of modern herbal and homeopathic licences Efficacy is replaced by evidence of traditional use.

Weleda UK still retains many PLRs whilst also having a number of these more 'modern' herbal and homeopathic licences - THR (Traditional Herbal Registration), HR (Homeopathic Registration - no indication allowed) and NR (National Rules - homeopathic with indication). Not every PLR fits the criteria for transfer to a more modern licence.

Importantly here in the UK, a doctor has the right to prescribe a medicine which does not hold a licence in the UK i.e it is unlicensed, for an individual patient, if in their opinion no licensed medicine is suitable for that patient. This can be a medicine imported from another country e.g Germany or made in the UK by the holder of a Specials Manufacturing Licence or possibly in a Pharmacy. Weleda UK holds a Specials Manufacturing Licence for this specialist small scale manufacture. Importation is subject to permission from the MHRA (Medicines and Healthcare Regulatory Agency).

Moving on to legal categories of medicines, this is the factor which determines how a particular medicine can be obtained by a consumer. This is not standard throughout Europe but is the case in the UK. Here we have 3 categories

General Sales List (GSL)
Pharmacy only (P)
Prescription Only Medicines (POM)

In essence there is a GSL list and a POM list of substances and strengths. Anything not on these lists is a P medicine and this is the reason why so many



anthroposophical medicines are in this category as the substances used are unique to anthroposophical medicine. All injections are by definition POM - even water!

So GSL medicines are available from any general retailer for self-selection by the consumer including Weleda UK shop and website together with other Health Food Stores, Supermarkets, and Pharmacies. Examples of Weleda medicines in this category are Arnica Massage Balm, Calendula Cuts and Grazes Skin Salve and Herb and Honey Cough Elixir. P medicines are only available from registered Pharmacies. Examples here are Balsamicum ointment, Dermatadoron ointment and Erysidoron 1 drops.

POM means you need a prescription from a doctor registered in the UK and would include for example

all imported unlicensed items e.g eye drops and all injections. A doctor would not only prescribe POM's but also medicines from other legal categories. Legal category is purely that and nothing to do with efficacy or appropriateness for a patient.

I hope this offers a little insight to the complex world of medicines licensing.

Zoe Smith
(Formerly of Weleda UK Ltd)

Transforming the Outer and our Inner World

It is fascinating to discover how the history of mankind is guided by human consciousness, a consciousness that is ever changing. After all, everything we human beings think and do derives from the way we look at the world. Living in the world along materialistic ways of thinking leads to one outcome, a mindset imbued with imagination and ideals leads to another.

Changes in human consciousness

In the Bible we discover not only a host of events, proverbs, prophecies etc., ordered in some kind of sequence; we can also trace evolutionary threads, which convey the evolving relationship between the divine world and man. Let us follow one or two of these threads. Moses, while watching the flock of his father-in-law in the desert, sees a bush that is burning but is not being consumed by fire.

As he approaches he hears the voice of God calling him by name out of the burning bush and Moses replies, "Here I am". On being told that he is to go back to his people in Egypt Moses asks, "Who is it that is sending me; what is his name?" And he receives the reply, "I AM THE I AM. Say to the people: I AM has sent me to you" (Ex 2: 4, 13).

Some centuries later, Elijah, after many travails and having reached a nadir in his life, retreats into a cave where the Lord draws near to him: "And see, the Lord passed by, and a great and strong wind rent the mountains, and broke in pieces the rocks before the Lord, but the Lord was not in the wind; and after the wind an earthquake, but the Lord was not in the earthquake; and after the earthquake a fire, but the Lord was not in the fire; and after the fire a still small voice. And when Elijah heard it he wrapped his

face in his mantle....”.

The divine voice no longer speaks out of nature; it has become the “still small voice” (1 Kings 19:11, 12).

At the Baptism of Jesus in the Jordan John is told that he on whom he sees the Spirit descend and remain is the one who will baptise with the Holy Spirit. And John says to the crowds, “Change your hearts and minds” - that is: ‘change your consciousness’. And after the baptism of the disciples with the Holy Spirit at Whitsun, we see Peter and John exercising their new- found ability, healing the lame man sitting at the Beautiful Portal of the Temple (Acts 3: 1- 11): “In the name of Jesus Christ of Nazareth - walk”.

Since the experience of Elijah, the ‘name’, the I AM, no longer speaks out of a natural phenomenon. It has become an internal presence, an inner ‘small voice’, a name to be called upon out of the depths of one’s own being.

The relationship between the higher world and the world in which human beings live has so changed that what was formerly experienced as being ‘outside’ is now felt to be accessible only by turning to what is stirring in one’s inner being, the indwelling spirit.

The Spirit at work from within

In two stories in the New Testament (they are among the weekly readings in The Christian Community in the time before Easter) we see this inner power within Jesus working out into the world. One is the account of the Marriage at Cana, told in the gospel of St. John (John 2: 1 – 11). The other, related by St. Luke, is the report of the rich young man who wants to know how he can attain to eternal life. (Luke 18: 18 – 34).

The central motif of the story of the marriage feast is the changing of water into wine - of how transformation can take place in the outer world. This way of engaging with the world of nature may appear quite perplexing to us. How can natural substances be altered in the way described, without it being some form of ‘magic’? How is it possible to transmute one substance into another without the agency of other natural substances or materials? Yet this change, apparently accomplished without any outer agency, evidently takes place in the world of nature; it appears as part of the natural world in which we live.

The second narrative, which concerns itself with the inner,

spiritual life, seems more accessible to our understanding: we can more readily see how it is possible to work on our inner life and how the changes wrought in our soul can pass as part of us over the threshold of death into the life hereafter, the eternal world.

Changing our surrounding world

The changing of the water into wine takes place at a marriage feast; a festive moment in which two souls are brought into a new alignment with each other for their future life together. The wine produced from the sap of the vine, from water drawn up from deep within the earth, is the ‘first’ (regular) wine. Then, after this wine has run out, water, filled into water jars by human hand, is turned into the better, the ‘good’ wine, through a very different agency. The master of the feast testifies to this change by tasting the better wine. A new ‘order’ of wine has been created. This bewildering intervention is described as being ‘the first of the signs’ that Jesus performs. It calls to mind other, later and greater such signs that he carried out: the Feeding of the Five Thousand, in which 5000 people are satisfied by five loaves of bread, after which more than twelve baskets are left over and gathered up (John 6: 1 – 15); and then the Last Supper itself, in which bread and wine are so transformed as to become the bearers of a higher, invisible body and blood. In these events forces of a wholly different, ‘non-natural’, character are brought into play; the transformation of earthly substances is accomplished through what appears to lie far beyond anything that nature or human endeavour of itself is able to accomplish. ³ We can look at it like this: The signs - and indeed, all the works of Jesus – we may think, for instance, of the many healings that he brought about - are the raising of what was created in the very beginning onto a new, a further stage of development. Rather than looking at these works as being apart and separate, as in some way cutting across or going against nature or contrary to it, they can be seen as deeds being brought to humankind by the divine world for the sake of our future progress.

Transforming our inner world

The rich young man, who wishes to reach out to the eternal world, is set a very hard task: to sell all his riches – and to follow Jesus. It appears he is not expecting to hear such an answer; to be told this is the way for him to progress in his inner life. He is being asked to make the transition from living by the Law – as an outer directive – to finding the new spirit within himself.

On first encountering this story we may think that, when

it comes to matters concerning the inner life, it is all a question of what we have to do alone, by ourselves; that nobody else can help, because this intimate sphere of life is not accessible to others. That, of course, is true to a large extent, but it is not the whole answer. That other stream, the ongoing changes in human consciousness, of which we normally only have a dim awareness, needs to be taken into account. The realisation that yesterday's answers are no longer fit for today's questions makes us search, again and again, for new ways of perceiving the world and for new responses, in both our private as well as in public life. Younger generations do not relate to the way matters were dealt with by their predecessors; they seek attitudes arising out of their own inner life: their own feelings, perceptions and understanding.

Changing our perceptions

The gradual changes in our perceptions can be shown in all fields of life. For example, we notice that our use of language changes: in the course of time words alter their meaning, even to the extent of becoming the opposite of what they originally meant. 'To suffer' originally meant 'to allow'; 'improve' merely denoted 'the enclosure and cultivation of waste land'" until about 1620 when it appeared, used metaphorically, in the title, 'Improving Natural Knowledge'. As Owen Barfield says in his *History in English Words*, when such things happen, "it is reasonable to assume that some new idea or feeling had come to the front, to which men were struggling to give the outward expression that is life, that their outlook had changed somewhat, and that they were groping for a means of readjusting their cosmos accordingly." Since the time of Descartes, "practically all philosophy [...] has worked outwards from the thinking self rather than inwards from the cosmos to the soul. [...] The English thinker Locke, "adopts the new word consciousness, defined as a 'perception of what passes in a man's own mind' and at the same time impresses on the still newer self-consciousness its distinctive modern meaning."

Looking forward

In the divine world itself, the world that transforms human life by facilitating the changes in human consciousness, the order of beings closest to man is that of the 'messengers', the angels. They convey 'messages' to the individuals for whom they are intended. Throughout the Bible there are many examples of angels announcing to various human beings what they are to do or telling them of what is going to happen, (For example: Gen. 19; Ex. 23:20; 1 Ki 19:5; Mat 28:5; Luke 1:13; John 5:4).

In our time they form 'pictures' within man's soul of what is to come. We can think that this is what is at work when succeeding generations come up with their own feelings and impulses of how things ought to happen; that it is these 'imaginings' that ensure that our state of consciousness is constantly changing and moving on. Through such 'pictures' or 'ideals', communications from the higher world can speak to us, urging us to take up what that world sees as being necessary for our future life together on earth. As Rudolf Steiner suggests, three such great, inspiring aims stand out:

- that we may become unable to be at peace with ourselves so long as others around us are suffering;
- that we may see in each of our fellow human beings a hidden divinity;
- that it may become possible for people today to reach the spirit through their powers of thinking.

In asking ourselves what is required to work towards these ideals we find that neither outer changes (transforming our surrounding world), nor inner striving (developing our inner life) on their own will answer.

In the beginning was the Logos – the Word, Structure - or even: 'Creative Principle'. The Logos has ever been 'the light that enlightens human beings' – i.e. our consciousness. Then the Word 'became flesh'; it became incarnated in an earthly body and thereby entered into the world of nature and the world of human beings – to open up for them the prospect of working further on themselves and the world. Everyone can work with his/her own consciousness. If we choose to do that in a moral and worthy way, we have the support of the eternal world, the Logos, which in Christ has united with human destiny to 'go before us' on the path of transforming the world.

Rev Louise Madson

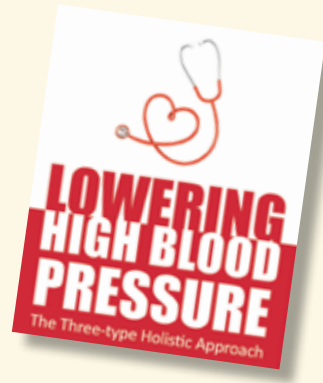
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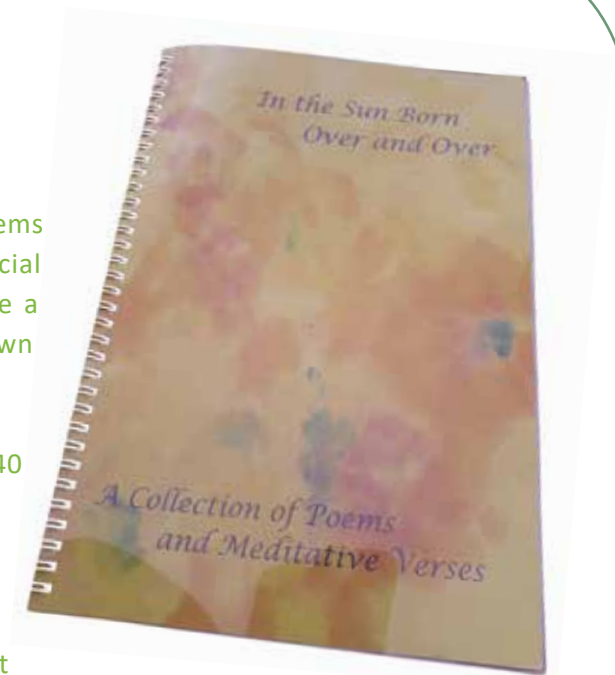
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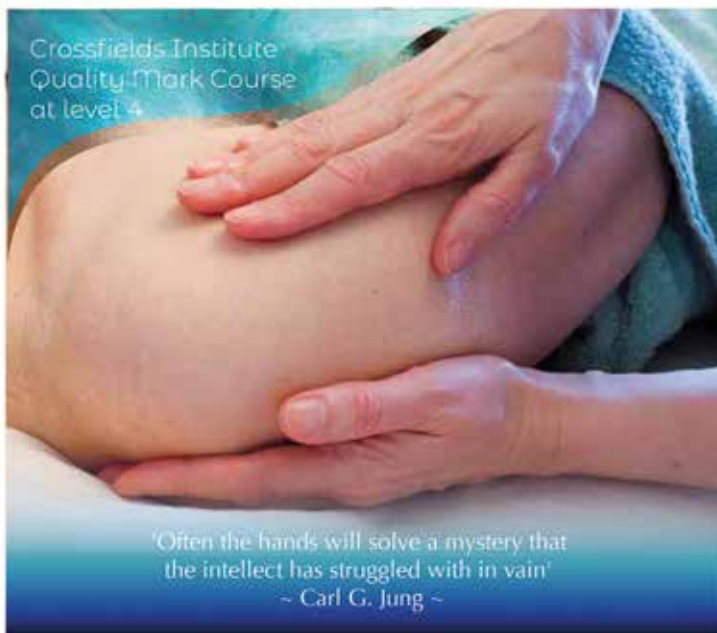
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www.emerson.org.uk/rhythmical-einreibung

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